

HHSC CONTRACT NO. 529-16-0132-00006-B
AMENDMENT NO. 2 -- RENEWAL
HEALTHY TEXAS WOMEN GRANT PROGRAM

The Health and Human Services Commission ("HHSC", "Contractor", or "System Agency") and The Heidi Group ("Contractor" or "Grantee"), having its principal office at 109 S. Harris Street, Ste. 210, Round Rock TX 78664 (each a "Party" and collectively the "Parties") desire to amend the Healthy Texas Women Grant Program contract ("Contract") with the terms and conditions contained herein ("Amendment").

WHEREAS, the Parties desire to exercise the first renewal option contained in Contract Section III. CONTRACT PERIOD and renew the Contract for the period September 1, 2017 through August 31, 2019;

WHEREAS, the Parties desire to modify Contract Section IV. STATEMENT OF SERVICES TO BE PROVIDED as described herein; and

WHEREAS, the Parties desire to modify Contract Section V. CONTRACT NOT-TO-EXCEED AMOUNT AND PAYMENT PROCESSES by adding funds to the Contract for the performance of services during the term of this Amendment.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. **SECTION III** of the Contract, CONTRACT PERIOD, is hereby deleted in its entirety and replaced with the following:

This Amendment will be effective on September 1, 2017, or upon the signature date of the last Party to sign the Amendment, whichever occurs later. The Contract shall terminate on August 31, 2019, unless it is renewed or terminated pursuant to the terms and conditions of the Contract. The System Agency reserves the option to renew the Contract for up to one additional two-year term.

2. **SECTION IV** of the Contract, STATEMENT OF SERVICES TO BE PROVIDED, is hereby modified as follows:

- A. The following forms are added to Attachment B -- Contractor's revised Program Forms:

Form C-1: Contact Person Information;
Form K-1-1(a): Current Clinic Information;
Form I-1: Work Plan;
Form L-1: Staff Development Plan; and
Healthy Texas Women Certification

- B. The forms in subparagraph 2A, above, are attached hereto and incorporated herein by this reference and supersede the corresponding forms contained in either Attachment B of the Contract or Attachment D of the Contract. All program forms

contained in either Attachment B or Attachment D of the Contract that are not modified in this Amendment will continue in full force and effect throughout the duration of this Amendment.

- C. The Healthy Texas Women Certification must be executed for each state fiscal year (September 1st through August 31st) during the Amendment. Contractor's recertification for September 1, 2018 through August 31, 2019 ("Fiscal Year 2019") will not require a contract amendment. However, a new Healthy Texas Women Certification is required to be executed before September 1, 2018, in order for Contractor to seek payment for services performed in Fiscal Year 2019.
- D. The last sentence of Section IV is deleted in its entirety and replaced with the following language:

Contractor shall provide Healthy Texas Women Program services to 50,610 Unduplicated Clients in Fiscal Year 2018 (September 1, 2017 through August 31, 2018) and 50,610 Unduplicated Clients in Fiscal Year 2019.

- 3. **SECTION V** of the Contract, **CONTRACT NOT-TO-EXCEED AMOUNT AND PAYMENT PROCESSES**, is hereby deleted in its entirety and replaced with the following language:

- A. The total amount of this Amendment shall not exceed \$3,299,062 for the cost reimbursement portion of the Healthy Texas Woman Program as described in the budget documents contained in Forms F et seq., which are attached hereto and incorporated herein by this reference. These budget forms replace the forms contained in Attachment C of the Contract. The not-to-exceed amount for Fiscal Year 2018 is \$1,649,531 and the not-to-exceed amount for Fiscal Year 2019 is \$1,649,531. The total not-to-exceed amount for the Contract is \$4,948,593.
- B. The Contract will be paid on a cost reimbursement basis as described in Section 2.7 of the Healthy Texas Women Open Enrollment, ATTACHMENT A.
- C. This Contract is contingent upon the continued availability of funding. If funds become unavailable during the term of the Contract, the System Agency may terminate this Contract without penalty.
- D. HHSC may increase or decrease funds during the term of the Contract based on Contractor's performance during the term of the Contract, which will be incorporated into this Contract by a subsequent amendment.
- E. Notice to Proceed:
 - (i) Contractor may not begin Work or incur any expenses until:
 - (a) it receives the System Agency's Notice to Proceed (NTP); and
 - (b) this Amendment is effective as stated in Paragraph 1, above.

- (ii) The NTP may include a request for an amended budget due to a revised budget amount, which will be incorporated into this Contract by a subsequent amendment. Any Work performed prior to the occurrence of the requirements contained in subparagraphs (i)(a) and (i)(b), above, shall be at Contractor's sole risk.
 - (iii) Contractor agrees that it will revise its budget documents as directed in the NTP within the timeframe specified in the NTP or, if no time is specified in the NTP, within ten (10) business days from the date of the NTP.
- 4. Except as amended and modified by this Amendment No. 2, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
- 5. Any further revisions to the Contract shall be by written agreement of the Parties.

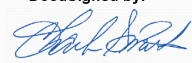
[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

**SIGNATURE PAGE FOR AMENDMENT NO. 2
HHSC CONTRACT NO. 529-16-0132-00006-B**

The Parties have executed this Amendment in their capacities as stated below with authority to bind their organizations on the dates set forth by their signatures.

SYSTEM AGENCY

GRANTEE

DocuSigned by:

F9D010121CFB41D...

Charles Smith

Executive Commissioner

By: 

Name: Carol Everett

Title: CEO

Date of Execution: 8/30/2017 | 8:01 PM CDT

Date of Execution: May 8, 2017

THE FOLLOWING ATTACHMENTS ARE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE:

ATTACHMENT B – CONTRACTOR'S REVISED PROGRAM FORMS

- **FORM C-1: CONTACT PERSON INFORMATION**
- **FORM K1-1(a): CURRENT CLINIC INFORMATION**
- **FORM I-1: WORK PLAN**
- **FORM L-1: STAFF DEVELOPMENT PLAN**
- **HEALTHY TEXAS WOMEN CERTIFICATION**

ATTACHMENT C – CONTRACTOR'S REVISED BUDGET DOCUMENTS

Attachment B – Contractor's Revised Program Forms

FORM C-1: CONTACT PERSON INFORMATION**Legal Business**The Heidi Group**Name of Contractor:** _____

1. This form provides information about the appropriate contacts in the Contractor's organization.
2. Mark N/A if a contact does not apply to your agency.
3. ALL phone numbers should be a direct line to the designated individual.
4. If Medical Director or Program Director has changed since the FY17 original contract, attach resumé(s).
5. If Medical Director has changed or his/her Medical License has expired or will expire by 08/31/17, please attach new Texas Medical License or add a note as to when it will be renewed. *NOTE: Contractor must submit renewed license to HHSC. The contract will not be amended to reflect the submission of a renewed license; however, the renewed license will be maintained in the contract file.*

Contacts

Billing Contact		Executive Director	
Last Name:	<u>Everett</u>	Last Name:	<u>Everett</u>
First Name:	<u>Carol</u>	First Name:	<u>Carol</u>
Salutation:	<u>Mrs.</u>	Salutation:	<u>Mrs.</u>
Title:	<u>CEO/Director</u>	Title:	<u>CEO/Director</u>
Email:	<u>ce@heidigroup.org</u>	Email:	<u>ce@heidigroup.org</u>
Phone:	<u>512-255-2088</u>	Phone:	<u>512-255-2088</u>

Financial Director		Medical Director	
Last Name:	<u>Anderson</u>	Last Name:	<u>Johnson</u>
First Name:	<u>J. Dwayne</u>	First Name:	<u>Noreen</u>
Salutation:	<u>Mr.</u>	Salutation:	<u>Dr.</u>
Title:	<u>CFO</u>	Title:	<u>Medical Doctor</u>
Email:	<u>jdanderson@jdacpa1.com</u>	Email:	<u>nzjohnson@hotmail.com</u> <u>brazosmedical@hotmail.com</u>
Phone:	<u>512-481-9506</u>	Phone:	<u>979-764-4043</u>

Primary Program Contact		Quality Assurance Contact	
Last Name:	<u>Everett</u>	Last Name:	<u>Everett</u>
First Name:	<u>Carol</u>	First Name:	<u>Carol</u>
Salutation:	<u>Mrs.</u>	Salutation:	<u>Mrs.</u>
Title:	<u>CEO/Director</u>	Title:	<u>CEO/Director</u>
Email:	<u>ce@heidigroup.org</u>	Email:	<u>ce@heidigroup.org</u>
Phone:	<u>512-255-2088</u>	Phone:	<u>512-255-2088</u>

FORM K-1-1(a): CURRENT CLINIC INFORMATION

Legal Business Name of Contractor: The Heidi Group

Below is the clinic site information that we currently have on file for your Agency's Healthy Texas Women contract.

Please verify each line.

- A. Check the box if the information is correct; **X All is correct**
- B. ~~Strikethrough~~ if information is incorrect or if a clinic site will no longer provide Healthy Texas Women program services;
- C. Make any corrections in **red**;
- D. If a new clinic site is proposed to be added, add the information in **red**.

SEE ATTACHED 'ORIGINAL CONTRACTOR CLINIC LIST' & MAKE CHANGES ON NEW EXCEL SHEET

Agency Name	Clinic Name	TPI	NPI	Address 1	Address 2	City	Zip Code	County	HSR	Clinic Phone Number	Clinic Appointment Line	Clinic Fax Number
The Heidi Group	Bryan Medical Associates	08877428	1346603685	4112 E. 29th Street		Bryan	77802	Brazos	7	979-764-4043	979-764-4043	979-694-2175
The Heidi Group	Christy Scoggins Family Clinic	163217616	1760477632	1712 Hwy 1431 W	Suite B	Marble Falls	78654	Burnet	7	830-637-7761	830-637-7761	830-637-7760
The Heidi Group	Community Wellness Clinic	18986201	1902269715	201 Enterprise Row	Suite 12	Conroe	77301	Montgomery	6/5	936-760-2784	936-760-2784	936-760-1950
The Heidi Group	Dr. Eliud Acevedo MD	123398305	1609881044	1405 Jacaman Rd	Suite 101	Laredo	78041	Webb	11	956-725-1777	956-725-1777	956-725-6510
The Heidi Group	Health 4U Clinic Fort Worth	218470701	1073821500	3825 Yucca Ave	Suite 129	Fort Worth	76111	Tarrant	3	817-759-2273	817-759-2273	817-759-2276
The Heidi Group	Health 4U Clinic Arlington	218470701	1073821500	1321 E Pioneer Pkwy		Arlington	76010	Tarrant	3	817-759-2273	817-759-2273	817-759-2276
The Heidi Group	Health Now Family Practice	342658701	1922142181	1700 N Hampton Rd	Suite 105	Desoto	75115	Dallas	3	972-228-6602	972-228-6602	972-228-6619
The Heidi Group	Hillside Family Health Clinic PA	288982601	105364472	7130 Bell Street		Amarillo	79109	Randall	1	806-373-4010	806-373-4010	806-331-6373
The Heidi Group	Life Choices Medical Clinic	pending	1871966135	3234 Northwestern		San Antonio	78238	Bexar	8	210-543-7200	210-543-7200	210-647-9825
The Heidi Group	Tenison Women's Health Center Garland	156721602	1265462865	5505 Broadway Blvd	Suite B	Garland	75043	Dallas	3	214-703-6527	214-703-6527	214-703-6514
The Heidi Group	Tenison Women's Health Center Terrell	156721602	1265462865	617 W Moore Ave	Suite B	Terrell	75160	Kaufman	3	972-563-8100	972-563-8100	972-563-2684
The Heidi Group	Women's Health Care Center	156721606	1265462865	2914 S Buckner	Suite B	Dallas	75227	Dallas	3	214-275-5256	214-275-5256	214-275-5284
The Heidi Group	Treat Now Family Clinic Arlington	319895401	1225373244	2916 Kraft Street	Suite 60	Arlington	76010	Tarrant	3	817-633-3400	817-633-3400	817-633-3401
The Heidi Group	Treat Now Family Clinic Mineral Wells	319895401	1225373244	108 A SW 6th Ave		Mineral Well	76067	Palo Pinto	3	940-468-4061	940-468-4061	940-468-4063
The Heidi Group	Tyler Family Circle of Care	311152801	1144575820	928 N Glenwood Blvd		Tyler	75702	Smith	4	903-535-9041	903-535-9041	903-533-0726
The Heidi Group	Valley Women's Care PLLC	188673101	1578684726	1900 S Jackson Rd	Suite 4	McAllen	78503	Hidalgo	11	956-971-9930	956-971-9930	956-971-9934
The Heidi Group	Tyler Family Circle of Care	Applied	1144575820	1001 N. Palestine Street		Athens	75751	Henderson	4	903-535-9041	903-535-9041	Pending
The Heidi Group	Tyler Family Circle of Care	311152801	1144575820	510 East Commerce Street		Jacksonville	75766	Cherokee	4	903-541-2700	903-541-2700	903-541-2700
The Heidi Group	Michael A. McFarland M.D.	360085015	1407934797	1105 Oak Street	Suite A	Jourdanton	78026	Atascosa	8	830-769-2181	830-769-2181	830-769-2181
The Heidi Group	Rio Grande Women's Clinic Alamo	360085006	1619924719	427 E Duranta Avenue	Ste 108	Alamo	78516	Hidalgo	11	956-787-0770	956-787-0770	956-787-0770
The Heidi Group	Rio Grande Women's Clinic Edinburg	360085007	1619924719	2502 E Richardson Road		Edinburg	78542	Hidalgo	11	956-380-4477	956-380-4477	956-787-0771
The Heidi Group	Rio Grande Women's Clinic La Joya	360085008	1619924719	1000 E. Expressway 83		La Joya	78560	Hidalgo	11	956-583-2646	956-583-2646	956-787-0772
The Heidi Group	Rio Grande Women's Clinic McAllen	360085009	1619924719	222 E Ridge Road	Ste 101	McAllen	78503	Hidalgo	11	956-632-6032	956-632-6032	956-632-6032
The Heidi Group	Victor Nwilo PA (dba) Heritage Health	800888846	1740604560	4175 Heritage Parkway	Ste 225	Mansfield	76063	Tarrant	3	817-453-7522	817-453-7522	866-665-6659
The Heidi Group	The Heidi Group	742757919	1588018394	109 S. Harris St.	Ste 210	Round Rock	78664	Williamson	7	512-255-2088	512-255-2088	512-255-2582

FORM I-1: WORK PLAN

Legal Business

Name of Contractor: The Heidi Group

1. Reference the instructions on Form I - Work Plan Guidelines.
2. Contractor must not exceed 4 pages per program component for a total of 20 pages.

Please mark the box below if appropriate:

☐ There are no changes to Contractor's Work Plan for Fiscal Years 2018 and 2019.

Form I: Work Plan

Program Administration and Management

A. The Heidi Group plans to provide the following services to support subcontractors at 23 clinic sites:

- Administrative support through RFP and billing process for smaller clinics and physician's offices who lack the resources to apply on their own
- Training on the Healthy Texas Women Program
- Education about other state health programs for low income clients
- Training on screening for eligibility and how to assess all programs clients are eligible for
- Community outreach strategies to help clinics recruit and enroll more patients
- Provision of written materials for use in office and in community
- Creation of standard manuals on Quality Assurance/Quality Improvement, Human Resources, Policies and Procedures, Billing, and more
- On-site and teleconference trainings on standard topics, as well as customized to meet the needs of individual clinics
- Regular audits and site inspections of all subcontractors
- Consulting expertise as needed

B. The Priority Population to be served is low income women in at least 63 counties. Of these counties, the Texas Department of Housing and Community Affairs classified 26 as urban and 37 as rural. The population includes women living in inner cities and outlying farming communities, racial minorities, college students, and young mothers, often single. The age range of the Priority Population is girls and women, 15-44 years old.

C. THG's infrastructure includes:

THG is governed by a board of directors. The Executive Director and CEO are charged with implementing the board's policies, procedures, and directions, as well as for strategic planning and fundraising for THG and other associated nonprofits. Support staff carries out daily operations. The Accounting Admin handles the day-to-day accounting, including accounts payable. The CFO reviews the Accounting Admin's records, outlines potential issues, and completes the Form 990.

THG will conduct an initial on-site training for subcontractor staff. THG Program Director will train with Policies and Procedures manuals with job descriptions for each employee. THG will conduct a telephone conference for initial strategic planning, then hold meetings with subcontractors' Office Managers and Medical Directors to reinforce and follow up on subcontractor's policies and procedures, strategic plan, and budget. THG will request R & S reports monthly from each subcontractor to track progress in meeting subcontractor's goals. Front office goals will be determined by the subcontractor's Office Manager and Medical Director and shared with staff.

Subcontractor protocols will be reviewed and a meeting with all subcontractor clinicians will be held to discuss the new programs and answer questions. A meeting of all employees will be held (wherever possible) to discuss programs and answer questions.

Subcontractor management teams will select one employee responsible for outreach. THG trainers will instruct outreach person as well as provide a calendar of potential opportunities for outreach. THG staff will be available to supplement outreach as necessary.

Subcontractors will have immediate access to THG staff through office land lines, cell phone numbers, email, and texts.

D. No subcontractor clinics are currently conducting research on individuals who receive services through any HHSC-funded programs.

E. Job Descriptions

Medical Director: The Medical Director must be a licensed medical doctor in good standing with the state of Texas. The Medical Director assumes overall responsibility for clinical services by offering guidance and supervision to staff of THG and medical directors of subcontractors. The Medical Director may assist with protocols/standing orders and is available to staff of THG and subcontractors for assistance in the delivery of quality medical care. The Medical Director monitors training programs of subcontractors to uphold the highest standard of health care, ensuring that the policies and regulations are being properly implemented and followed to successful execution.

Program Director: The Program Director's overall responsibility is ensuring Quality Assurance and Quality Improvement of delivery of services through subcontractors. This person will be available to subcontractors for assistance in developing Quality Assurance/Quality Improvement policies and procedure. The Program Director must:

- Coordinate and support on-site subcontractor audits
- Evaluate audit findings and implement appropriate corrective actions
- Identify training needs and organize training interventions to meet quality standards
- Monitor risk management activities
- Assure ongoing compliance with Quality Assurance/Quality Improvement
- Investigate complaints and non-conformance issue

The Program Director is available for subcontractor in-service training and speaking engagements.

Billing Specialist: The Billing Specialist reviews coding on patient Super Bills (codes correspond to patient's procedures and diagnosis as recorded by medical team), maintains records to ensure accuracy, bills electronically, and trains subcontractor staff in electronic billing. This person maintains all patient financial account records and follows up on rejected/denied claims. The Specialist must have a high school diploma with up to two years' experience in the medical billing

field. They must have knowledge of billing concepts and practices and be able to bill electronically. The Billing Specialist will also assist subcontractors with eligibility issues.

Clinicians: The medical team will include medical doctors, and mid-level providers such as physician's assistants, nurse practitioners, and nurse mid-wives. All clinicians must be licensed and in good standing with the State of Texas. THG's Medical Director, Noreen Johnson, M. D. is Board Certified by the American Board of Obstetrics and Gynecology.

F. THG will design the budget based on the number of subcontractor clinics and the needs of each community. The number of staff hired at THG is an estimate based on the projected needs of serving our current list of subcontractors. The budget is based on research and best estimates of costs for each element of the staff training, quality assurance, and marketing plans. It has been estimated, and will continue to be designed, in cooperation with subcontractors.

THG will conduct training and continue to work closely with each subcontractor to assist in implementing budgets on an individual basis.

Budget monitoring will be accomplished monthly. THG will work with each subcontractor clinic to set monthly budget goals and provide forms for reimbursement. We will conduct monthly calls with each clinic to determine how subcontractors are meeting goals and, if they are falling short, to discuss how we might help facilitate changes. These functions will be performed primarily by the CEO/Director and Program Director.

To ensure activities under Program Administration and Management are reasonable, achievable, and measurable, THG will set the following goals:

- Create implementation plan and standard policy and procedure manuals for all subcontractor clinics
- Create training calendar and community education plan for all subcontractor clinics

THG will discuss the needs of each clinic and develop plans accordingly. We will train and assist subcontractors as determined by site visits.

To evaluate the effectiveness of Program Administration activities, THG will:

- Offer monthly conference calls to answer questions and encourage subcontractors.
- Subcontractors will submit monthly R & S reports to track progress and analyze success. If subcontractor is not meeting goals, adjustments will be made immediately.
- THG will conduct annual on-site reviews/audits of procedures and assess the number of patients successfully served, billed, and payments received.
- THG will send encouragement by email and occasional telephone calls.

Quality Assurance

The Heidi Group (THG) defines Quality Assurance (QA) as the prevention of problems through planned and systematic activities including every facet of serving a patient, from the first contact until medical care is delivered, billed, and payment is received. The QA system documents the structure, responsibilities and procedures required to achieve effective quality management and delivery of services. Processes are implemented and documented including the role of the QA Committee for each subcontractor facility. The subcontractor Medical Directors and QA teams will internally develop activities to identify areas in need of improvement, activities to ensure correction, and follow-up to ascertain correction.

Processes for identifying performance and outcome measures will be delivered by THG training. Each subcontractor Medical Director will develop protocols and Standing Delegation Orders for that facility. THG will ensure all contractors adhere to the local, state, and federal laws including but not limited to HIPPA and OSHA. THG will strive to promote and protect the health, safety, and well-being of both employees and patients by providing responsive, independent assessments and monitoring of services through respectful relationships. THG goals will be process driven, pro-active, with staff functions clearly defined and problems quickly identified and improved. Audits will define process selection of tools and trainings.

THG QA Team will be supervised by the Medical Director, who is a licensed Texas physician in good standing. In addition to the Medical Director, THG QA Team will consist of the Program Director, and the CEO/Director. Trainings will be provided by members of the QA Team including but not limited to the Program Director and CEO/Director.

Each subcontractor will develop a QA Committee consisting of the Medical Director, key medical providers, nursing staff, medical technician/lab tech, and office manager to hold monthly QA meetings to address issues, adverse reports, and correction plans. Two members of the Committee will follow-up on an adverse report to determine correction. This team will assure ongoing excellence in the quality and safety of care and services delivered.

THG will utilize the S.M.A.R.T plan to assure the quality of medical services by evaluating performance against a standard of specified requirements for providers. S.M.A.R.T. objectives are aimed at continuously improving effectiveness in providing overall patient centered health care.

S – Specific
M – Measurable
A – Achievable
R – Realistic
T – Time Oriented

THG will establish SPECIFIC, well-defined goals for program delivery. The Medical Director of each subcontractor is responsible for the level of quality and safety at the clinic. The QA/QI Committee prepares periodic reports developed through QA activities.

Goals will be evaluated and MEASURED for effectiveness. Program progress measurements allow QA Committees to measure various areas of the project, managers and teams including front office, medical and billing. Obstacles are identified as well as methods to avoid negative outcomes and improve on identified issues. The measurement process defines how the programs flow.

THG and each subcontractor – external and internal teams – along with key personnel must agree that goals established by the measurement phase are REALISTIC. Risks and opportunities for improvement should be identified to determine potential changes in the measuring phase.

It is imperative to establish TIME based goals that are achievable. As we define our timeline for the fourteen month contract period, we will plan to measure and track success and achieve unilateral agreement with subcontractors on how to measure success. Clear definition of stages to reach attainable goals is imperative for successful program implementation.

Proposed Timeline in Chronological Order:

Initial visit to assess clinics, accomplished as soon as contract is awarded
Develop materials specific to each subcontractor
Training within two weeks of material development
Begin annual audits after trainings are complete

Though S.M.A.R.T, THG will implement the following steps of development:

- Learn
- Plan
- Define
- Build
- Launch
- Review
- Assess
- Improve

THG management team will define (Learn) the scope of practice for the front office, social workers, and the medical team while establishing points for analysis and management of the programs to assure productivity, profitability, effective work-place efficiency, job satisfaction, employee morale, and continuous productivity as well as ways to improve delivery of services. Communication with front office staff, billing staff, and medical teams are vital to the success of the program. On an as needed basis, billing personnel will be trained to post, bill electronically, track payments, resolve patient billing complaints, follow-up denied and rejected claims. Communication/team building will be established through training and ongoing staff meetings to communicate the importance of service delivery and every legal requirement. Establishing quality policy and objectives provide the team directions and open the door for regular management reviews. THG will ensure that required referral resources are provided including leadership tools to facilitate process and employment reviews.

THG initial training will establish a QA implementation team PLAN to identify key processes and involve employees to open the door for ongoing communication. Subcontractors will conduct their own internal QA activities of medical services and front office procedures with the Medical Director and office manager in the lead. Employee participation will allow for open management review.

Subcontractor Medical Directors will review patient charts and entries by the medical assistant, practitioners, and ancillary service providers weekly. The supervising physician will report potential areas for improvement to the QA Committee. The QA Committee gathers, analyzes, and reports feedback to the Medical Director and QA Committee monthly. The QA Committee utilizes adverse outcome reports to develop improvement measures and change protocols if necessary.

BUILDing the QA manual will include developing the mandatory procedures, operational procedures, and auditing tools. Compliance goals will match with performance standards to serve as benchmarks for audits. THG trainers will select and train internal auditors in each subcontractor office with the goal of internal management review of processes.

The LAUNCH will include THG on-site subcontractor staff training in the system, implementing policies and procedures of the program, the QA system, auditing the QA system, and management review.

Following training, THG staff will REVIEW by beginning the process of on-site auditing on a quarterly basis until systems are well established and then move to annual audits. This will facilitate refinement of the system and the opportunity to implement system changes if necessary. Internal management review will enhance THG audits.

The ASSESS portion of THG QA program will include an initial on-site audit prior to training to access procedures. Training will correct non-conformance procedures and allow corrective actions. On-site quarterly audits will continue assessment until the program is implemented to THG QA standards.

THG QA System will document protocols, policy and procedures for front office, billing and medical team with job descriptions for each staff member, and details of what and how medical records are stored (locked cabinets). Management will be interviewed for commitment to programs and QA commitments. THG team will provide resources for areas of need. THG team will be on-call 24 hours a day for assistance or support as indicated.

Professional Development

Subcontractor clinics vary greatly in their approach to professional development. Some do very little and all staff development is provided by the overseeing physician. Others provide training for all staff when hired in addition to quarterly training for all personnel. Some clinics provide specific training on eligibility and billing, while others do not but would like to offer these opportunities. Some clinics utilize an annual review process and client surveys to determine needs for future professional development opportunities.

A. The Heidi Group (THG) will conduct surveys of each subcontractor clinic to determine the greatest area of need for professional development for each individual facility. THG will begin by providing an initial training to all clinics on the Healthy Texas Women Program to ensure they understand eligibility requirements and covered services. Training will cover how eligibility is determined, the enrollment process, how billing and reimbursement work, and will clearly define the clinic's role in eligibility and enrollment.

Following the initial evaluation and the initial training, quarterly reviews/audits will be performed at all clinics to determine ongoing needs.

Subcontractor Medical Teams will be encouraged to attend State trainings for:

- Family Planning Guidelines for Programs
- Clinical Conference
- Medical Billing Practices
- Community Awareness Strategies

THG will hold an initial and annual training on-site at all subcontractor clinics. THG will offer a list of other organizations and companies for on-site subcontractor trainings. For instance, Stericycle will be suggested for training on hazardous waste and blood borne pathogen training. Pharmaceutical companies may be utilized for training on LARCs.

In addition, THG will provide professional development in the following areas:

- Basics of the Healthy Texas Women Program, including eligibility criteria, covered services, and enrollment process
- Other state health programs
- Medical billing
- Records storage and patient privacy, HIPAA, and OSHA
- Technology security
- Serving diverse client populations
- Recognizing abuse
- Customer service for the patient
- Website and social media expectations
- Internal auditor training

B. Front office staff will be trained in control of documents, internal audits, and control of non-conforming issues, corrective actions and preventative actions. As previously mentioned, billing clerks will be trained in proper billing techniques. As needed, Medical teams will be trained in QA procedures including chart recording, complication reporting, drug storage, sterilization techniques, and examination. Every employee will be trained in local, state, and federal laws including HIPPA and OSHA standards. Employees will be encouraged to view their role as vital to the overall productivity of the subcontractor.

Professional development will be done annually at all subcontractor clinics. THG will assist in scheduling and providing these as necessary, as well as in locating online training opportunities and informing clinics of all state trainings.

THG will provide materials to all clinics to be given to new employees when they are hired. These will cover:

- Facility Policies and Procedures with a personal specific job description
- Details of the Program with specific attention to scheduling an appointment for a potential program patient

THG Program Director or CEO/Director will be in charge of attending HHSC required trainings. This person will also communicate these training opportunities to subcontractor clinics and maintain a list of facility contacts for overseeing the training at that clinic.

To ensure these activities are reasonable, achievable, and measurable, will make available twice per year trainings on LARCs, once a year on all methods of birth control and contraceptives, diabetes control, and balanced diets. We will ensure monthly teleconference opportunities are provided, at least twelve per year. THG will develop a standard list of topics for use by each clinic as well as a database of state trainings, online options, and a speakers' bureau. Clinic in-service training calendars will be checked at each audit to ensure goals are being met.

The first chronological step is to provide all clinics with the basic training on the Healthy Texas Women Program. During the same site visit, THG will conduct an assessment of the subcontractor clinics to determine which professional development topics are most needed. Finally we will develop the schedule and plan for future training.

At THG, the Program Director will be responsible for assessing clinics' needs and determining which trainings are provided.

Basic trainings on the Healthy Texas Women Program will be provided no later than two weeks following acceptance into HTW program. THG will complete evaluation of additional training needs by the initial facility inspection.

THG will train facility staff on forms of outreach and advertising THG is conducting to recruit new clients so staff will be prepared callers with questions.

To evaluate the success of professional development, THG will conduct pre- and post-training assessments of clinic employees. We will also conduct surveys of office managers and medical directors of subcontractor clinics for feedback on the effectiveness of trainings on office management and operation.

Recruitment

Currently, subcontractor clinics are engaged in a wide range of outreach, in-reach, and education activities. Most participate in local health fairs, advertising their services and providing health screenings to the public. Many are also active on local high school, community college, and university campuses, providing health education programs, birth control classes, campus health fairs, and working with medical schools to advertise women's health programs. Some of our subcontractor clinics supply written materials at community locations, such as schools, grocery stores, women's shelters, non-profit organizations, pregnancy resource centers, WIC offices, and YMCAs. Other outreach strategies include social media campaigns, signage and billboards throughout the service area, newspaper, radio, and television ads. A few of our subcontractor clinics rely almost entirely on their web presence and word of mouth advertising to locate new clients.

Current in-reach activities include brochures and flyers in the office, videos in the reception room, and direct communication with office staff.

The Heidi Group (THG) utilizes the strategies that have been successful for subcontractor clinics and provides support and materials so the outreach, in-reach, and educational activities are accomplished in every county in our service area.

THG works with subcontractor clinics to ensure all current and past clients are contacted and informed of the Healthy Texas Women Program, and other state programs, to assess the patient's eligibility for services. We will also ensure all clinics have a web and/or social media presence (if the subcontractor so desires), and work with each clinic on search engine optimization and Google key word advertising for paid search ads. THG will also provide social media consulting and resources for subcontractors, offering customized posts. For interested subcontractors, we will consult and assist with Twitter advertising as well.

THG website will include a searchable zip code directory so potential patients can locate the nearest provider. For all advertising and promotional materials, we will establish an 800 number that will directly connect the caller to the nearest clinic. The 800 number bills will assist in analyzing effectiveness of each method of outreach. The 800 bill will show which subcontractor the caller was directed to and the length of the call which will allow THG, in cooperation with the subcontractor, to determine how many calls were received and how many ended with an eligible patient, served and billed.

THG will continue to identify health fairs in each county of our service area and will work with subcontractors to ensure they have a presence at these fairs, providing materials.

THG has recorded public service announcements in English and Spanish, for television and radio for PSAs and paid advertisement in all served counties. PSAs often air at odd, non-peak times, which studies show is often when our target population is watching television. Television will be considered if funds are available.

THG will provide signs and brochures for distribution throughout each subcontractor's community with information on the Healthy Texas Women Program with customized subcontractor clinic information. One common brochure was created by HHSC and THG added customized stickers with the contact information of the nearest subcontractor clinic. Promotional materials are provided to various locations around the community, such as Goodwill, Salvation Army, women's centers, pregnancy resource centers, WIC offices, and school campuses. Printed materials may include door hangers.

In some areas, THG will research the effectiveness of large-scale advertising such as billboards, bus ads, and ads in other public places. THG will distribute information about local Healthy Texas Women providers to college, trade school, and university campuses as well as include the same information in coupon books and campus newspapers.

In-reach to current patients will be accomplished through written materials and interactions with clinic staff. Current patients will be contacted and assessed for eligibility for HTW and other state programs. Staff will also discuss with patients other programs for which they may be eligible.

For interested clinics, health education videos may be provided for waiting room televisions.

For education, subcontractor clinics who are already engaged in speaking at local schools, classes, community programs, and health fairs will be encouraged to continue. THG will assist with possible expansion of existing plans. For those not engaged in community education activities, THG will work to develop a plan and locate opportunities, and provide speakers if needed.

To ensure recruitment activities are reasonable, achievable, and measurable, during the contract period, the goal will be to provide written materials for each clinic, identify at least one health fair for each clinic to participate in, (if subcontractor wishes) update the web presence of each clinic, film and record PSAs and radio commercials (30 seconds in both English and Spanish), and identify which additional methods of outreach and in-reach will be most effective in each county.

The chronological sequence will begin with assessing current activities and most effective strategies, filming and recording the PSAs, updating web presences, and printing all necessary materials.

At THG, the Program Director and/or the CEO/Director will be the person responsible for these activities. This person will be in charge of coordinating activities for all subcontractors, working as necessary with subcontractor office managers, office staff, eligibility staff, and/or medical teams engaged in community education.

THG completes preliminary assessments and has plans for each subcontractor clinic within two weeks of acceptance into HTW program. THG will immediately begin evaluation and updating websites as subcontractor desires.

To evaluate each activity, THG will provide surveys and telephone flip charts to each subcontractor clinic that include the question "How did you hear about us?" to assess the most effective methods of outreach. THG's 800 direct connect telephone bill will facilitate recruitment

effectiveness. We will also track the number of Healthy Texas Women clients each clinic sees before and after outreach activities and assess the increase.

THG will provide or assist each subcontractor (if so desired) with the following recruitment plan:

- Website with correct information (establish if necessary)
- Facebook account (THG will assist with posts.)
- Twitter posts if physician or clinic so desires
- Public Service Announcements (PSAs) – Television and Radio (Production of 30-second commercials in English and Spanish); PSA's air free at odd times which is when our target market is watching. Paid advertisement will be placed as funds allow.
- 800 number with direct connect to facility nearest the caller will be used on all advertising
- Brochures (one customized and one common with stick-on labels for each facility)
- University/College campuses (coupon books, campus newspapers)
- Door hangers in appropriate areas near each clinic or physician
- Booths in area and state fairs and other community events
- Correct information on 211 number

During training, THG will provide each subcontractor clinic or physician with the following materials:

- Policies and procedures for best practices of serving patients under these programs including: Quality Assurance protocols, emergency policies and procedures, guidance for interpreter and language translation, financial management systems/billing direction
- Instructions for:
 - booking first appointment with a list of the information necessary to assess for eligibility
 - determining source of referral
 - suggested standing orders/protocols
 - master of patient evaluation forms and super bill
- Flip book for placement near each in-coming telephone with a list of necessary documents patients must provide to meet and prove eligibility requirements
- Assessment materials to determine eligibility
- Brochures
- Billing instructions
- Door hangers
- Each subcontractor already has a referral network in place with local physicians and/or hospital. THG will evaluate and assist in expanding if necessary. Additional referral resources will include:
 - CHIP and other state programs to assist families
 - Child Support Services
 - Local free child care
 - Abuse reporting – Child Protective Services/Abused Women Shelters
 - Medicaid

- Mobile mammogram services for the local area
- Lists of potential opportunities for community education

In addition, THG intends to pursue expanding services to unserved or underserved areas of Texas.

Long-Acting Reversible Contraceptive (LARC) Usage

A. Currently, subcontractor clinics vary greatly in the LARCs offered. Some clinics provide all major options, including IUDs and subdermal implants, while others do not provide any on-site and refer for all LARCs. Mirena is the most widely supplied option. All subcontractor clinics discuss LARCs as part of contraceptive counseling and provide information on the option, even if provision of the LARCs is by referral.

Some clinics utilize videos in the waiting room to advertise and promote LARC options. Many have printed materials for patient education.

Some subcontractor clinics provide substantial professional development opportunities, including speakers, training courses, and continuing education classes. Some invite representatives from LARC pharmaceutical companies to the office to provide in-service training and information. THG will encourage this at all sites.

B. The Heidi Group (THG) will encourage all subcontractor clinics to offer LARCs. Clinics that do not currently provide LARCs on-site already have referral networks in their communities, but THG will review to ensure all patients of these clinics have other LARC options. To educate clients about LARCs, THG will ensure all subcontractor clinics have the latest literature on all LARC options. These will be displayed in waiting rooms, and may be provided to patients in all family planning encounters. THG will train subcontractor staff to discuss future contraceptive methods with prenatal patients with special emphasis on LARCs.

C. THG will ensure that each clinic has on-site professional development opportunities at least twice a year for all clinics that provide LARCs on-site. We will utilize representatives from LARC companies, as well as webinars from the American Congress of Obstetricians and Gynecologists. We will also discuss reimbursement rates with each clinic that provides LARCs, and those that currently refer for all. A primary concern expressed by many subcontractor clinics is that reimbursement rates for LARCs are too low and the clinics lose money when they are provided. THG will discuss options with each clinic to determine how they can increase provision of LARCS with minimal negative financial impact..

The first step is to develop a base line of LARC services by each subcontractor to determine current usage rates and numbers. THG then assesses the strategy for each, provides written materials, and schedule trainings.

The Program Director at THG will be responsible for increasing LARC usage, in cooperation with the health practitioners at each subcontractor clinic responsible for deciding on which LARC options are available at that site.

LARC information will be included in the initial training and written materials will be provided.

To evaluate the effectiveness of these activities, THG will monitor past usage rates and numbers at each clinic, and reevaluate every six months. We will also monitor the number of patients who switch from another method of birth control, or who use a LARC for the first time. Client

assessment surveys may be amended to include a question about what factors influenced a patient to select a LARC as her method of contraception so THG can better analyze how to increase LARC usage.

FORM L-1: STAFF DEVELOPMENT PLAN

**Legal Business Name
of Contractor:**

The Heidi Group

Please mark the box below if appropriate:

☒ There are no changes to Contractor's Staff Development Plan for Fiscal Years 2018 and 2019.

If Contractor is making changes, please complete a new Staff Development Plan that meets the requirements stated below:

All Contractor's must conduct staff development activities to ensure staff has the knowledge, skills, and abilities to provide HTW services. The Staff Development Plan must be comprehensive, address all the topics indicated below, and be numbered as indicated.

Staff Development Plan must not exceed five (5) pages.

1. Identify personnel responsible for coordinating staff development activities. Include job titles and qualifications for each person identified.

2. Identify specific training that will be used for eligibility and billing staff.

3. Describe how training needs assessments are conducted. Specify how the assessment is used to generate a staff development plan. Specify how training activities for staff are tied to quality management review findings.

4. Describe procedures and documentation for staff annual performance review. Specify how the staff development plan incorporates review outcomes to further develop knowledge, skills and abilities to provide HTW services.

NOTE: If specific LARC methods are provided through referral only, Contractor must include this information in the Staff Development Plan and Contractor will be exempted from the training requirements for that specific LARC method.

Healthy Texas Women Certification

Legal Business Name
of Respondent:

The Heidi Group

This certification pertains to the following billing or performing provider:

Provider Name The Heidi Group

Federal Tax ID Number 74-2757919

NPI Number 1588018394

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 109 S Harris St. Suite 210

Street Address City/State/Zip Code Round Rock, TX 78664

Telephone Number 512-255-2088

Provider's primary physical address:

Street Address 109 S Harris St. Suite 210

Street Address City/State/Zip Code Round Rock TX 78664

Telephone Number 512-255-2088

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider; or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Carol Everett I am the provider or, if the provider is an organization, I am the provider's (title or position) Chief Executive Officer. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/2017 through 08/31/2018.

Note: Providers must complete a new certification annually.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: _____

Carol Everett for The Heidi Group

Printed Name: Carol Everett for The Heidi Group

Title: CEO

Date: 3-10-2017

Healthy Texas Women Certification

Legal Business Name
of Respondent:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Noreen Johnson MD

(Bryan Medical Associates)

Federal Tax ID Number 81-1951161

NPI Number 1700801214

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 4112 E 29th Street

Street Address City/State/Zip Code Bryan, Texas 77802

Telephone Number 979.764.4043

Provider's primary physical address:

Street Address 4112 E 29th Street

Street Address City/State/Zip Code Bryan, Texas 77802

Telephone Number 979.764.4043

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment; obtaining consent for the elective abortion; arranging for transportation; negotiating a reduction in an elective abortion provider fee; or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Noreen Johnson MD (BMA). I am the provider or, if the provider is an organization, I am the provider's (title or position) Medical Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: 

Printed Name: Noreen Johnson MD

Title: Medical Director

Date: 01/31/2017

Healthy Texas Women Certification

Legal Business Name
of Respondent:The Heldt Group

This certification pertains to the following billing or performing provider:

Provider Name Christy Scoggins
Federal Tax ID Number 47-8658743
NPI Number 1760477632

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 1712 Hwy 1431 west, Ste B
Street Address City/State/Zip Code Monroe Falls, Tx 78054
Telephone Number 830-637-7761

Provider's primary physical address:

Street Address 1712 Hwy 1431 west, Ste B
Street Address City/State/Zip Code Monroe Falls, Tx 78054
Telephone Number 830-637-7761

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license; but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is Christy Scoggins. I am the provider or, if the provider is an organization, I am the provider's (title or position) owner. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

04/28/2017 15:24 8386377762

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: _____

Printed Name: _____

Title: _____

Date: _____

8

FAKED
01/27/2017

Healthy Texas Women Certification

Legal Business Name
of Respondent:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Community Wellness Clinic, LLP

Federal Tax ID Number 76-0419557

NPI Number 1902269715

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 201 Enterprise Row, Suite 12

Street Address City/State/Zip Code Conroe, Texas 77301-4448

Telephone Number 936-760-2784

Provider's primary physical address:

Street Address 201 Enterprise Row, Suite 12

Street Address City/State/Zip Code Conroe, Texas 77301-4448

Telephone Number 936-760-2784

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;

a franchise; or
the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider; or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Kerry Gregory. I am the provider or, if the provider is an organization, I am the provider's (title or position) Vice-President. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Kerry Gregory

Printed Name: Kerry Gregory

Title: Vice-President

Date: April 27th, 2017

Healthy Texas Women Certification

Legal Business Name
of Respondent:

The Heidi Group

This certification pertains to the following billing or performing provider:

Provider Name Elvira Acaredo, MD
Federal Tax ID Number 020713080
NPI Number 1235159948

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 1405 Jaraman Rd Suite 101
Street Address City/State/Zip Code Laredo, TX 78041
Telephone Number 956-795-1777

Provider's primary physical address:

Street Address 1405 Jaraman Rd Suite 101
Street Address City/State/Zip Code Laredo, TX 78041
Telephone Number 956-725-1777

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or
the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Chia Acevedo, MD. I am the provider or, if the provider is an organization, I am the provider's (title or position) Physician/Owner. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," Indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Elind Acaredo, MD

Printed Name: Elind Acaredo MD

Title: Owner

Date: 4/28/17

2017-04-24 17:51

Healthy Texas Women Certification**Legal Business Name
of Respondent:**The Heldt Group

This certification pertains to the following billing or performing provider:

Provider Name Life Choices Medical ClinicFederal Tax ID Number 74-2809910NPI Number 1871966135

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 3234 NorthwesternStreet Address City/State/Zip Code San Antonio, TX 78238Telephone Number 210-543-7200

Provider's primary physical address:

Street Address Same as above

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

2017-04-24 17:52

1 1 >>

P 2/6

My name is Charley Farmer. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

2017-04-24 17:52

1 1 >>

P 3/6

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 ~ 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

2017-04-24 17:52

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification;

☐ Terminate HTW certification

Signature: 

Printed Name: Charidy Farrar

Title: Executive Director

Date: April 24, 2017

Healthy Texas Women Certification

Legal Business Name
of Contractor:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Sherry Tenison / Tenison Women's CenterFederal Tax ID Number 331095043NPI Number 1265462865

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 617 W. Moore Ave Ste. B.Street Address City/State/Zip Code Terrell, TX 75160Telephone Number 972-563-8100

Provider's primary physical address:

Street Address 5505 Broadway Blvd Ste B.Street Address City/State/Zip Code Garland, TX 75043Telephone Number 214-703-6927

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at

least one written instrument that demonstrates:

common ownership, management, or control;

a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:

taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

turnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Sherry Tenison. I am the provider or, if the provider is an organization, I am the provider's (title or position) Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity. In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud, tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Sherry Tenison RN, WHNP-BC

Printed Name: Sherry Tenison

Title: Director

Date: 4-30-17

Healthy Texas Women Certification

Legal Business Name
of Contractor:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Sherry Tenison / Women's Health Care CenterFederal Tax ID Number 943432832NPI Number 1265462865

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 2914 S. Buckner Blvd. Ste. B.Street Address City/State/Zip Code Dallas, TX 75227Telephone Number 214-275-5256

Provider's primary physical address:

Street Address 5505 Broadway Blvd Ste. B.Street Address City/State/Zip Code Garland, TX 75043Telephone Number 214-703-6527

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

- common ownership, management, or control;
- a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:

taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is Sherry Tenison. I am the provider or, if the provider is an organization, I am the provider's (title or position) Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud, tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Sherry Tenison RN, WHNP-BC

Printed Name: Sherry Tenison

Title: Director

Date: 4-30-17

Healthy Texas Women Certification

Legal Business Name
of Respondent:

The Heidi Group

This certification pertains to the following billing or performing provider:

Blue clouds Healthcare, Inc. DBA

Provider Name Treat Now Family Clinic

Federal Tax ID Number 900908505

NPI Number 1942526785-group 1225373244

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 2916 Kraft Street, Suite 60

Street Address City/State/Zip Code Arlington, TX 76010

Telephone Number 817-633-3400

Provider's primary physical address:

Street Address 2916 Kraft Street, Suite 60

Street Address City/State/Zip Code Arlington, TX 76010

Telephone Number 817-633-3400

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Treat Now Family Clinic I am the provider or, if the provider is an organization, I am the provider's (title or position) President I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity. In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Catherine O'Connor

Printed Name: Catherine O'Connor

Title: DNP

Date: 4/21/17

Healthy Texas Women Certification

Legal Business Name
of Respondent:

The Heidi Group

This certification pertains to the following billing or performing provider:

Provider Name Blue Clouds Healthcare INC/DBA Treat now Family clinic (Mineral Wells)
Federal Tax ID Number 900908505
NPI Number 1699029561

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 2916 KRAFT ST, Suite 60
Street Address City/State/Zip Code Arlington, TX 76010
Telephone Number 817-633-3400

Provider's primary physical address:

Street Address 1084 SW 6th AVE
Street Address City/State/Zip Code Mineral Wells, TX 76067
Telephone Number 940-468-4061

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider; or
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Treat Now Family Clinic I am the provider or, if the provider is an organization, I am the provider's (title or position) provider. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature:  FNP-BC

Printed Name: Sachiko Nakasone

Title: FNP BC

Date: 4/2/17

Healthy Texas Women Certification

Legal Business Name
of Respondent:

The Heidi Group

This certification pertains to the following billing or performing provider:

Provider Name Tyler Family Circle of Care
Federal Tax ID Number 45-2578435
NPI Number 1144575820

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 928 North Glenwood
Street Address City/State/Zip Code Tyler TX 75702
Telephone Number 903-535-9041

Provider's primary physical address:

Street Address 928 North Glenwood
Street Address City/State/Zip Code Tyler Texas 75702
Telephone Number 903-535-9041

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or
the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Michael Adams. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: 

Printed Name: Michael Adams

Title: CEO

Date: 4.25.17

Healthy Texas Women Certification

Legal Business Name
of Contractor:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Ramiro Leal, MDFederal Tax ID Number 26-1404694NPI Number 1356304281

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 1900 S Jackson Rd S4Street Address City/State/Zip Code McAllen, Texas 78503Telephone Number 956-971-9930

Provider's primary physical address:

Street Address 1900 S Jackson Rd. S4Street Address City/State/Zip Code McAllen, Texas 78503Telephone Number 956-971-9930

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at

least one written instrument that demonstrates:

common ownership, management, or control;

a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:

taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Ramiro Leal I am the provider or, if the provider is an organization, I am the provider's (title or position) Medical Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

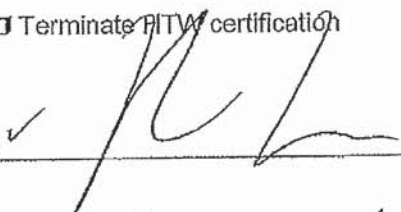
If statements 1 -- 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/2017 through 08/31/2018.

Note: Providers must complete a new certification annually.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: 

Printed Name: Ramiro Leal

Title: Medical Director

Date: 3-8-17

Healthy Texas Women Certification

Legal Business Name
of Respondent:

The Heidi Group

This certification pertains to the following billing or performing provider:

Provider Name Tyler Family Circle of Care
Federal Tax ID Number 45-2578435
NPI Number 1144575820

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 1001 North Palestine
Street Address City/State/Zip Code Athens TX 75751
Telephone Number 903-904-5084

Provider's primary physical address:

Street Address 1001 North Palestine
Street Address City/State/Zip Code Athens TX 75751
Telephone Number 903-904-5084

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Michael Adams. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.


If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: 

Printed Name: Michael Adams

Title: CEO

Date: 4.25.17

Healthy Texas Women Certification

Legal Business Name
of Respondent:

The Heidi Group

This certification pertains to the following billing or performing provider:

Provider Name Tyler Family Circle of Care
Federal Tax ID Number 45-2578435
NPI Number 1144575820

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 510 East Commerce
Street Address City/State/Zip Code Jacksonville TX 75766
Telephone Number 903-541-2700

Provider's primary physical address:

Street Address 510 East Commerce Street
Street Address City/State/Zip Code Jacksonville TX 75766
Telephone Number 903-541-2700

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or
the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Michael Adams. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.


If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: 

Printed Name: Michael Adams

Title: CEO

Date: 4.25.17

Healthy Texas Women Certification

Legal Business Name
of Respondent:**THE HEIDI GROUP**

This certification pertains to the following billing or performing provider:

Provider Name Michael McFarland, MD
 Federal Tax ID Number 74-2471744
 NPI Number 1407934797

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 1105 Oak Street, Ste A
 Street Address City/State/Zip Code Jourdanton, Tx 78026
 Telephone Number 830-769-2181

Provider's primary physical address:

Street Address 1105 Oak Street, Ste A
 Street Address City/State/Zip Code Jourdanton, Tx 78026
 Telephone Number 830769-2181

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
 common ownership, management, or control;
 a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
 taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
 furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
 or
 using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Michael McFarland, MD. I am the provider or, if the provider is an organization, I am the provider's (title or position) physician/owner. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

03/13/2017 05:33PM 8307692858

McFARLAND, MD

PAGE 05/05

RECEIVED 03/09/2017 08:33PM 8307692858

McFARLAND, MD

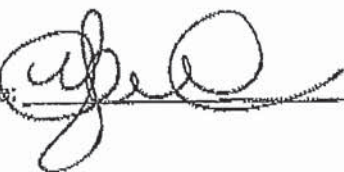
Effective Date of Certification 09/01/2017 through 08/31/2018.

Note: Providers must complete a new certification annually.

If any of statements 1 - 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: _____



Printed Name: Michael McFarland, MD

Title: Physician/owner

Date: _____

2/9/2017

Healthy Texas Women Certification

Legal Business Name
of Contractor:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Norma Mendiola / Rio Grande Women's Clinic

Federal Tax ID Number 62-1656022

NPI Number 1942608963

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 427 E Duranta Ave

Street Address City/State/Zip Code Alamo, Texas 78516

Telephone Number 956-787-0770

Provider's primary physical address:

Street Address 427 E Duranta Ave

Street Address City/State/Zip Code Alamo, Texas 78516

Telephone Number 956-787-0770

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at

least one written instrument that demonstrates:

common ownership, management, or control;

a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:

taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Norma Mendiola I am the provider or, if the provider is an organization, I am the provider's (title or position) Nurse Practitioner. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity. In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/2017 through 08/31/2018.

Note: Providers must complete a new certification annually.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Norma Mendiola

Printed Name: Norma Mendiola

Title: Nurse Practitioner

Date: 3/9/17

Healthy Texas Women Certification

Legal Business Name
of Respondent:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Heath 4U Clinics LP (Fort Worth)
Federal Tax ID Number 27-2092752
NPI Number 1073821500

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 3825 Yucca Ave #129
Street Address City/State/Zip Code Fort Worth TX 76111
Telephone Number 817-759-2273

Provider's primary physical address:

Street Address 3825 Yucca Ave #129
Street Address City/State/Zip Code Fort Worth TX 76111
Telephone Number 817-759-2273

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates common ownership, management, or control; a franchise; or the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is April A Tolbert. I am the provider or, if the provider is an organization, I am the provider's (title or position) Medical Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/2017 through 08/31/2018.

Note: Providers must complete a new certification annually.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: _____

April Tolbert

Printed Name: _____

April Tolbert

Title: _____

Managing member

Date: _____

3/10/17

Healthy Texas Women Certification

Legal Business Name
of Respondent:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Health 4u Clinics LP (Arlington)
Federal Tax ID Number 27-2092752
NPI Number 1073821500

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 3825 Yucca Ave #129
Street Address City/State/Zip Code Fort Worth TX 76111
Telephone Number 817-259-2273

Provider's primary physical address:

Street Address 1321 E Pioneer Parkway
Street Address City/State/Zip Code Arlington TX 76010
Telephone Number 817-259-2273

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is April A Tolbert. I am the provider or, if the provider is an organization, I am the provider's (title or position) Medical Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

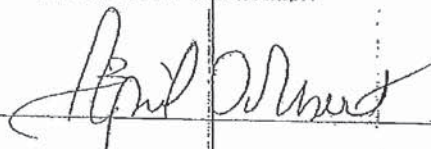
Effective Date of Certification 09/01/2017 through 08/31/2018.

Note: Providers must complete a new certification annually.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: _____



Printed Name: _____

April Tolbert

Title: _____

Managing member

Date: _____

3/10/17

Healthy Texas Women Certification

Legal Business Name
of Respondent:

The Heidi Group

This certification pertains to the following billing or performing provider:

Provider Name Health and Allied Health
Federal Tax ID Number 26-1722715
NPI Number 1255518049

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 1700 N Hampton Rd Ste 105
Street Address City/State/Zip Code Desoto TX 75115
Telephone Number 972 228 6602

Provider's primary physical address:

Street Address 1700 N Hampton Rd Ste 105
Street Address City/State/Zip Code Desoto, TX 75115
Telephone Number 972 228 6602

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

My name is Esther Ashu. I am the provider or, if the provider is an organization, I am the provider's (title or position) _____. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Esmer T. Ashu

Printed Name: Esmer T. Ashu

Title: NLP

Date: 4/21/2017

Healthy Texas Women Certification

Legal Business Name
of Respondent:

The Heidi Group

This certification pertains to the following billing or performing provider:

Provider Name Hillside Family Health Clinic PA

Federal Tax ID Number 75 2894016

NPI Number 15189163602

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 7130 Bell St

Street Address City/State/Zip Code Amarillo, TX 79109

Telephone Number 806 373 4010

Provider's primary physical address:

Street Address 7130 Bell St

Street Address City/State/Zip Code Amarillo, TX 79109

Telephone Number 806 373-4010

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
common ownership, management, or control;
a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

My name is Cathy Powers FNP. I am the provider or, if the provider is an organization, I am the provider's (title or position) Owner / FNP. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Cathy Powers JNP

Printed Name: Cathy Powers

Title: Owner FNP

Date: 11-27-17

Healthy Texas Women Certification

Legal Business Name
of Contractor:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Irma Marriott, RNC, WHNP / Rio Grande Women's ClinicFederal Tax ID Number 62-1656022NPI Number 1467758730

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 2502 E RichardsonStreet Address City/State/Zip Code Edinburg, Texas 78541Telephone Number 956-380-4477

Provider's primary physical address:

Street Address 2502 E RichardsonStreet Address City/State/Zip Code Edinburg, Texas 78541Telephone Number 956-380-4477

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at

least one written instrument that demonstrates:

common ownership, management, or control;

a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:

taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Irma Marriott, I am the provider or, if the provider is an organization, I am the provider's (title or position) NP. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 -- 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/2017 through 08/31/2018.

Note: Providers must complete a new certification annually.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature:

Irma Marriott, RNC, BSN, WHCNP

Printed Name

IRMA MARRIOTT, RNC, BSN, WHCNP

Title:

Nurse Practitioner

Date:

03/08/2017

Healthy Texas Women Certification

Legal Business Name
of Respondent:**The Heidi Group**

This certification pertains to the following billing or performing provider:

Provider Name Sherry Tenison Womens Health CenterFederal Tax ID Number 331095043NPI Number 1265462865

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 5505 Broadway St BStreet Address City/State/Zip Code Garland TX 75043Telephone Number 214-703-6527

Provider's primary physical address:

Street Address 2914 S Buckner St BStreet Address City/State/Zip Code Dallas, TX 75227Telephone Number 214-275-5256

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

- common ownership, management, or control;
- a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider; or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is Sherry Tenison. I am the provider or, if the provider is an organization, I am the provider's (title or position) Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity. In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud, tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/2017 through 08/31/2018.

Note: Providers must complete a new certification annually.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: _____



Printed Name: _____

Sherry Tenison

Title: _____

Director

Date: _____

3-10-17

Healthy Texas Women Certification

Legal Business Name
of Respondent:**The Heidi Group**

This certification pertains to the following billing or performing provider:

Provider Name Diana Delgado / Rio Grande Women's Clinic
 Federal Tax ID Number 62-1656022
 NPI Number 1760421937

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 1/4 mile W. Buena Vista & Hwy 83, Ste. 5B
 Street Address City/State/Zip Code La Jolla, TX 78540
 Telephone Number (956) 583-2646

Provider's primary physical address:

Street Address 1/4 Mile W. Buena Vista & Hwy 83, Ste. 5B
 Street Address City/State/Zip Code La Jolla, TX 78540
 Telephone Number (956) 583-2646

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
 common ownership, management, or control;
 a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider.

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider; or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is Diana Delgado. I am the provider or, if the provider is an organization, I am the provider's (title or position) Perinatal Nurse Practitioner. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Diana Delgado

Printed Name: Diana Delgado

Title: APRN, Perinatal Nurse Practitioner

Date: April 27th 2017

Healthy Texas Women Certification

Legal Business Name
of Contractor:

THE HEIDI GROUP

This certification pertains to the following billing or performing provider:

Provider Name Juanita Vela GarciaRio Grande Women's ClinicFederal Tax ID Number 62-1656022NPI Number 1770531287

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 222 East Ridge Rd., Suite 101Street Address City/State/Zip Code McAllen, Texas 78503Telephone Number 956-632-6032

Provider's primary physical address:

Street Address 222 East Ridge Rd., Suite 101Street Address City/State/Zip Code McAllen, Texas 78503Telephone Number 956-632-6032

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at

least one written instrument that demonstrates:

common ownership, management, or control;

a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:

taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is Quanita V. Marcia. I am the provider or, if the provider is an organization, I am the provider's (title or position) Nurse Practitioner BC. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/2017 through 08/31/2018.

Note: Providers must complete a new certification annually.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature: Juanita V. Garcia

Printed Name: J. V. Garcia

Title: Nurse Practitioner - B-C

Date: JV 3-13-17

Healthy Texas Women Certification

**Legal Business Name
of Respondent:**

The Heidi Group

This certification pertains to the following billing or performing provider:

Provider Name Victor Nwilon PA ABA Heritage Healthcare Clinic
 Federal Tax ID Number 800888846
 NPI Number 1386068104 (Clinic) 1740604560

If provider does not have an NPI, Submission Date of Medicaid Application _____

Provider's primary billing address:

Street Address 1475 Heritage Pkwy S225
 Street Address City/State/Zip Code Wrensfield, TX 76063
 Telephone Number 817.453.7522

Provider's primary physical address:

Street Address 1475 Heritage Pkwy S225
 Street Address City/State/Zip Code Wrensfield, TX 76063
 Telephone Number 817.453.7522

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:
 common ownership, management, or control;
 a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:
 taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
 furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
 or
 using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Victor Nwilo. I am the provider or, if the provider is an organization, I am the provider's (title or position) VP (Family). I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. ☒ I affirm that this statement is true and correct.
4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
 - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
 - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.☒ I affirm that this statement is true and correct.
5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
 - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows:
(The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 09/01/17 through 08/31/2018

Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:

☐ Terminate HTW certification

Signature:

M. Nwilo

Printed Name:

Mariagorety O Nwilo

Title:

Nurse practitioner (family)

Date:

4/26/17

Attachment C – Contractor's Revised Budget

FORM F: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

The Heidi Group FY2018

Budget Categories	Total Health Texas Women Budget (1)	HHSC HTW Categorical Award (2)	HTW Fee-For-Service (3)
A. Personnel	\$1,063,004	\$1,063,004	
B. Fringe Benefits	\$159,451	\$159,451	
C. Travel	\$101,048	\$101,048	
D. Equipment	\$0		
E. Supplies	\$176,378	\$176,378	
F. Contractual	\$29,100,750		\$29,100,750
G. Other	\$149,650	\$149,650	
H. Total Direct Costs	\$30,750,281	\$1,649,531	\$29,100,750
I. Indirect Costs	\$0		
J. Total (Sum of H and I)	\$30,750,281	\$1,649,531	\$29,100,750

*Assuming \$575 average cost per patient in HTW Fee-For-Service program

NOTE: The "Total Budget" amount for each Budget Category will have to be entered manually among columns 2 and 3. Enter amounts in **whole dollars**. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$1,063,004	\$1,063,004	Fringe Benefits	\$159,451	\$159,451
	Travel	\$101,048	\$101,048	Equipment	\$0	\$0
	Supplies	\$176,378	\$176,378	Contractual	\$29,100,750	\$29,100,750
	Other	\$149,650	\$149,650	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$30,750,281	Budget Total	\$30,750,281
-------------------	----------------------------	---------------------	---------------------	---------------------

List any budget assumptions:

FORM F-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

The Heidi Group FY2018

Conference / Workshop Travel Costs						
Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs	
			Days	Employees		
State trainings and workshops	Two staffers per clinic, from 23 subcontractors, to attend state trainings twice per year (family planning, clinical conference, new contractors, etc., based on desires of individual clinics); assume driving except McAllen and Amarillo staff	Austin, TX	3 days	46 employees	Mileage	\$43,016
					Airfare	\$1,920
					Meals	\$4,470
					Lodging	\$17,880
					Other Costs	
					Total	\$67,286
Site inspections and staff development training sessions	Site visits by THG/WWC staff to each of 23 subcontractor sites, five times each during 12-month grant cycle	Various cities throughout Texas	2 employees		Mileage	\$15,024
					Airfare	\$9,600
					Meals	\$1,554
					Lodging	\$2,224
					Other Costs	
					Total	\$28,402
LARC training for providers (Texas)			3 days	4 providers	Mileage	\$1,080
					Airfare	\$600
					Meals	\$932
					Lodging	\$1,668
					Other Costs	
					Total	\$4,280
					Mileage	
					Airfare	
					Meals	
					Lodging	
					Other Costs	
					Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$0

Total for Conference / Workshop Travel**\$99,968****Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel for staff of 23 subcontractor clinic sites to attend health fairs and community events within their service area, average of 100 miles per clinic over 12-month grant cycle	2000	\$0.540	\$1,080		\$1,080
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel**\$1,080**Other / Local Travel Costs: **\$1,080**Conference / Workshop Travel Costs: **\$99,968****Total Travel Costs: \$101,048**

Indicate Policy Used:

Respondent's Travel Policy ☐

State of Texas Travel Policy ☐

The Heidi Group FY2018[illegible]

\$0

FORM F-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: The Heidi Group FY2018

List contracts for medical services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
HTW	Fee- For- Service	Women's Health Exams, Family Planning Services	Units	50610	\$575.00	\$29,100,750
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$29,100,750

FORM F-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

The Heidi Group FY2018

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]	Purpose & Justification	Total Cost
Policy and Procedures manuals for employees at every subcontractor clinic site, 100 at \$11.50 each	Provided by THG to all clinics	\$11,050
Labels with individual clinic contact information, \$15.65 for 1,000, 5,000 per clinic, 23 clinics	For community education and program promotion	\$1,800
Filming of television commercials/public service announcements	For community education and program promotion	\$4,701
Recording of radio ads	For community education and program promotion	\$1,500
Internet advertising, including Google key word searches at \$0.49 per search	For community education and program promotion	\$14,700
Website construction and hosting for THG/WWC	For clinics that do not already have web presence	\$2,000
Additional local advertising opportunities, including booth rentals at health fairs, average of \$250 per clinic for 23 clinics	Determined by each clinic	\$5,750
Social media assistance, \$75 per month for 12-month contract cycle	For community education and program promotion	\$700
Coupon books and newspaper ads, \$300 per clinic for 23 clinics	For community education and program promotion	\$6,900
Printing of client satisfaction surveys cards, 3,500 per clinic, 23 clinics, \$0.02 each	For quality assurance control	\$1,610
Outside External audit of THG		\$20,000
Rent	The Heidi Group office space	\$58,800
800# and Telephone	Direct connect to clinics	\$9,639
Directors & Officers General & Liability Insurance	For THG	\$4,500
Donna Garcia Davidson	Writing subcontracts and general legal services	\$6,000
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$149,650

Revised: 7/6/2009

FORM F - 7 Indirect Costs

Legal Name of Respondent:

The Heidi Group FY2018

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE:

BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

RATE:

TYPE:

BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

Page 2, FORM F - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

FORM F: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

The Heidi Group FY2019

Budget Categories	Total Health Texas Women Budget (1)	HHSC HTW Categorical Award (2)	HTW Fee-For-Service (3)
A. Personnel	\$1,063,004	\$1,063,004	
B. Fringe Benefits	\$159,451	\$159,451	
C. Travel	\$101,048	\$101,048	
D. Equipment	\$0		
E. Supplies	\$176,378	\$176,378	
F. Contractual	\$29,100,750		\$29,100,750
G. Other	\$149,650	\$149,650	
H. Total Direct Costs	\$30,750,281	\$1,649,531	\$29,100,750
I. Indirect Costs	\$0		
J. Total (Sum of H and I)	\$30,750,281	\$1,649,531	\$29,100,750

*Assuming \$575 average cost per
patient in HTW
Fee-For-Service
program

NOTE: The "Total Budget" amount for each Budget Category will have to be entered manually among columns 2 and 3. Enter amounts in **whole dollars**. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$1,063,004	\$1,063,004	Fringe Benefits	\$159,451	\$159,451
	Travel	\$101,048	\$101,048	Equipment	\$0	\$0
	Supplies	\$176,378	\$176,378	Contractual	\$29,100,750	\$29,100,750
	Other	\$149,650	\$149,650	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$30,750,281	Budget Total	\$30,750,281
-------------------	----------------------------	---------------------	---------------------	---------------------

List any budget assumptions:

FORM F-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

The Heidi Group FY2019

Conference / Workshop Travel Costs						
Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs	
			Days	Employees		
State trainings and workshops	Two staffers per clinic, from 23 subcontractors, to attend state trainings twice per year (family planning, clinical conference, new contractors, etc., based on desires of individual clinics); assume driving except McAllen and Amarillo staff	Austin, TX	3 days	46 employees	Mileage	\$43,016
					Airfare	\$1,920
					Meals	\$4,470
					Lodging	\$17,880
					Other Costs	
					Total	\$67,286
Site inspections and staff development training sessions	Site visits by THG/WWC staff to each of 23 subcontractor sites, five times each during 12-month grant cycle	Various cities throughout Texas	2 employees		Mileage	\$15,024
					Airfare	\$9,600
					Meals	\$1,554
					Lodging	\$2,224
					Other Costs	
					Total	\$28,402
LARC training for providers (Texas)			3 days	4 providers	Mileage	\$1,080
					Airfare	\$600
					Meals	\$932
					Lodging	\$1,668
					Other Costs	
					Total	\$4,280
					Mileage	
					Airfare	
					Meals	
					Lodging	
					Other Costs	
					Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$0

Total for Conference / Workshop Travel**\$99,968****Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel for staff of 23 subcontractor clinic sites to attend health fairs and community events within their service area, average of 100 miles per clinic over 12-month grant cycle	2000	\$0.540	\$1,080		\$1,080
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel**\$1,080**Other / Local Travel Costs: **\$1,080**Conference / Workshop Travel Costs: **\$99,968****Total Travel Costs: \$101,048**

Indicate Policy Used:

Respondent's Travel Policy ☐

State of Texas Travel Policy ☐

The Heidi Group FY2019[illegible]

\$0

FORM F-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: The Heidi Group FY2019

List contracts for medical services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
HTW	Fee- For- Service	Women's Health Exams, Family Planning Services	Units	50610	\$575.00	\$29,100,750
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$29,100,750

FORM F-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

The Heidi Group FY2019

Description of Item (If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit))	Purpose & Justification	Total Cost
Policy and Procedures manuals for employees at every subcontractor clinic site, 100 at \$11.50 each	Provided by THG to all clinics	\$11,050
Labels with individual clinic contact information, \$15.65 for 1,000, 5,000 per clinic, 23 clinics	For community education and program promotion	\$1,800
Filming of television commercials/public service announcements	For community education and program promotion	\$4,701
Recording of radio ads	For community education and program promotion	\$1,500
Internet advertising, including Google key word searches at \$0.49 per search	For community education and program promotion	\$14,700
Website construction and hosting for THG/WWC	For clinics that do not already have web presence	\$2,000
Additional local advertising opportunities, including booth rentals at health fairs, average of \$250 per clinic for 23 clinics	Determined by each clinic	\$5,750
Social media assistance, \$75 per month for 12-month contract cycle	For community education and program promotion	\$700
Coupon books and newspaper ads, \$300 per clinic for 23 clinics	For community education and program promotion	\$6,900
Printing of client satisfaction surveys cards, 3,500 per clinic, 23 clinics, \$0.02 each	For quality assurance control	\$1,610
Outside External audit of THG		\$20,000
Rent	The Heidi Group office space	\$58,800
800# and Telephone	Direct connect to clinics	\$9,639
Directors & Officers General & Liability Insurance	For THG	\$4,500
Donna Garcia Davidson	Writing subcontracts and general legal services	\$6,000
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$149,650

Revised: 7/6/2009

FORM F - 7 Indirect Costs

Legal Name of Respondent:

The Heidi Group FY2019

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE:

BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

RATE:

TYPE:

BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

Page 2, FORM F - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

FORM F-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

The Heidi Group FY2019

PERSONNEL							
Functional Title + Code E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Midlevel Providers, E	N	Various subcontractor clinics	23	PA, NP	\$1,750.00	8	\$322,000
Additional Medical Personnel, E	Y	Various subcontractor clinics	23	MA	\$2,070.00	8	\$380,880
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
						SalaryWage Total	\$702,880